

APPENDIX

Interim Letters

HCFA is requesting that an interim letter be sent to beneficiaries to provide general information about the organization's non-renewal. The interim letter has two versions, one of which is for beneficiaries who, on entitlement to Medicare, enrolled in a Medicare+Choice (M+C) organization AND who have been in M+C for less than 12 months. Individual beneficiary names should be inserted in the interim letter for 12-month beneficiaries, as they may need to show the letter to Medigap insurers as proof of their special rights and protections. The list of 12-month beneficiaries will be provided by HCFA with the acknowledgement letter.

Final Beneficiary Notification Letters

Introduction: The law requires non-renewing plans to send a final nonrenewal notice to beneficiaries by October 2. The purpose of the final notice is to inform beneficiaries of their health care options and tell them who they can contact to receive more information or assistance in making their health care decisions. The notice should include information on the Original Medicare Plan, other managed care plans and/or private fee-for-service plans (if available in the beneficiary's service area), and Medicare Supplement (Medigap) Insurance Policies. It should also include special information for beneficiaries with permanent kidney failure (ESRD) and beneficiaries who are not enrolled in Medicare Part A, as they have different options.

HCFA has prepared model letters that nonrenewing plans can use to fulfill the final beneficiary notice requirement. There are 4 versions of the letter: (1) a general (non-abandoned county) letter for beneficiaries age 65 and over; (2) an abandoned county letter for beneficiaries age 65 and over; (3) a general (non-abandoned county) letter for beneficiaries under 65; and (4) an abandoned county letter for beneficiaries under 65. HCFA prepared separate model letters for the over 65 population and under 65 population because the Medigap rights and protections vary for these two groups of beneficiaries. In addition, a separate abandoned county model letter was prepared for each age group, as beneficiaries in abandoned counties (i.e., counties with no other managed care or private fee-for-service plans available) have fewer health care choices that need to be discussed in the letter.



Appendix of Model Interim and Final Beneficiary Letters

The <insert plan name>, a Medicare+Choice HMO plan offered by <insert M+CO name> will no longer offer benefits to Medicare members after December 31, 2000. {Optional: “Members of <insert M+CO name> living in insert counties are affected by this decision.”}. If you are a current member, you may remain enrolled until December 31, 2000. If you are not a current member, you may not enroll in this plan, because effective with this notice we have closed enrollment.

<insert this paragraph ONLY when publishing the notice in July>

All current members should wait for further information before you decide to change the way you receive your health care. You will receive an individual letter shortly, which will provide you with some important information, including information about other Medicare coverage options in the area.

For help and information about Medicare issues, we suggest you call <insert M+CO telephone number and TTY number with operating hours>. For additional information, please call the Medicare Choices Helpline at 1-800-633-4227, or the ———— State Health Insurance Assistance Program (SHIP) on 1-800-XXX-XXXX/ TTY 1-800-XXX_XXXX with operating hours.

Interim Letter

Dear <insert beneficiary's name>

Effective January 1, 2001, <insert M+C plan name> will no longer offer Medicare health benefits to our Medicare members in <insert name of county>. <insert M+C plan name> is committed to providing health care services to its Medicare enrollees through December 31, 2000. You can remain enrolled in <insert M+C plan name> until December 31, 2000.

By October 2, 2000, you will get additional information from us about your health care options, including information about:

other health plans that may be available to you, and

the Original Medicare Plan and protections you have in choosing a Medigap insurance policy to supplement your Medicare benefits.

When you get this information, read it carefully — please review the information and options available to you before you make any decisions. **And remember, no matter what decisions you make, you are still in the Medicare program.** We have attached a list of resources which are available to help answer your questions.

If you want to purchase a Medicare Supplement (Medigap) Insurance policy, you have 2 choices. You may:

Stay in your plan until your coverage ends; OR

Disenroll after you receive additional information from us in October about your health care options.

CAUTION: If you disenroll from <Insert M+C plan name> now, you may lose protections relating to your ability to purchase Medicare Supplement (Medigap) Insurance. For additional information regarding your Medigap rights and protections, please contact your <insert specific State or State Health Insurance Assistance Program name> at 1-800-XXX-XXXX.

We are committed to serving your health care needs through December 31, 2000. We have valued your membership with us, and we are sorry for any inconvenience this may cause you. If you have any questions about this letter, you may call our member services department at (XXX) XXX-XXXX.

Sincerely,

MEDICARE RESOURCES

1-800-MEDICARE

1-800-633-4227 and TTY 1-877-486-2048

Customer Service Representatives are available 8:00am to 4:30pm local time to answer questions about the Original Medicare Plan and provide up-to-date information regarding the managed care plans and private fee-for-service plans available in your area. You can also call this number if you want a copy of the *Medicare & You* handbook. The Handbook is available in English, Spanish, Braille, or on audiotape.

Other helpful publications available from 1-800-MEDICARE: *Understanding Your Medicare Choices*, and the *2000 Guide to Health Insurance for People with Medicare*.

<insert specific State or SHIP program name> **STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) 1-800-XXX-XXXX**

SHIP volunteers are available to discuss your individual situation and provide information on all options that are available to you.

ASSISTANCE FOR LOW-INCOME BENEFICIARIES

If you have low-income and limited resources, you may qualify for assistance with your Medicare premiums and deductible and coinsurance costs. Please contact your State or local office of Social and Health Services at **XXX-XXX-XXXX** for more information on what assistance may be available to you.

INTERNET SITE: WWW.MEDICARE.GOV

This website provides extensive information on the Medicare program including the text of the *Medicare & You* handbook and the *2000 Guide to Health Insurance for People with Medicare*. You can check the Medicare Compare database to see if any new managed care plans become available in your area in the future. Information regarding plan availability beginning January 1, 2001 will not be available until September 15, 2000. The website also lists referrals to local information sources and links to other health sites.

Interim Letter for 12 month beneficiaries

Dear <insert beneficiary's name>

Effective January 1, 2001, <insert M+C plan name> will no longer offer Medicare health benefits to our Medicare members in <insert name of county>. You may be able to join another Medicare health plan or return to the Original Medicare Plan. By October 2, 2000, we will send you information about what options are available in your area and about your rights concerning Supplemental (Medigap) Insurance. Additionally, information about what Medicare health plans will be available in 2001 will be available on www.medicare.gov on September 15, 2000.

If you return to the Original Medicare Plan, you may be entitled to special Medigap protections. People who are in their first 12 months of Medicare health plan membership have special Medigap protections. Based on our records, you may be in one of two groups of individuals who are in the 12-month period.

Read the following information carefully.

If within the past 12 months, you had a Medigap policy, in addition to Original Medicare, and you dropped this policy when you decided to try out a Medicare managed care plan, **you will be allowed to return to your old Medigap policy, if it is still available.** If your old policy is not available, you will have the choice of plans A, B, C, or F if available.

OR

If within the past 12 months, you joined a Medicare managed care plan when you first joined Medicare at age 65 you may purchase any Medigap plan, A – J.

In order to take advantage of these special options, you must act before your 12 month period expires or December 31, 2000 if earlier. Your 12-month period may end before December 31, 2000.

Important:

Because you are in this 12-month period, you must voluntarily disenroll before you are automatically disenrolled in order to exercise the broader Medigap choices that are avail-

able to you. **You can disenroll at any time during your 12-month period.** You do not have to wait until you receive the October letter to exercise these special Medigap rights.

Acting in time to exercise your rights simply means that you may have more Medigap choices. Remember, if you stay in your plan until December 31, 2000, you will still have the rights to Medigap protections; however, these rights are more limited.

If you decide to purchase a Medigap policy before you receive a letter in October, keep this letter as proof to your Medigap insurer that you may have these extra rights.

For additional information regarding your Medigap rights and protections, please contact your **<insert specific State or State Health Insurance Assistance Program name>** at 1-800-**XXX-XXXX**.

We are committed to serving your health care needs through December 31, 2000. We have valued your membership with us, and we are sorry for any inconvenience this may cause you. If you have any questions about this letter, you may call our member services department at **(XXX) XXX-XXXX**.

Sincerely,

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1-800-633-4227 and (TTY 1-877-486-2048)

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<insert specific State or SHIP program name> **STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) 1-800-XXX-XXXX**

SHIP volunteers are available to discuss your individual situation and provide information on all options that are available to you.

ASSISTANCE FOR LOW-INCOME BENEFICIARIES

If you have low-income and limited resources, you may qualify for assistance with your Medicare premiums and deductible and coinsurance costs. Please contact your State or local office of Social and Health Services at XXX-XXX-XXXX for more information on what assistance may be available to you.

INTERNET SITE: WWW.MEDICARE.GOV

This website provides extensive information on the Medicare program including the text of the *Medicare & You* handbook and the *2000 Guide to Health Insurance for People with Medicare*. You can check the Medicare Compare database to see if any new managed care plans become available in your area in the future. Information regarding plan availability beginning January 1, 2001 will not be available until September 15, 2000. The website also lists referrals to local information sources and links to other health sites.

Attachment 2

Model Public Notice of Enrollment Closure for Non-renewing M+CO Plans

The **<insert plan name>**, a Medicare+Choice HMO plan offered by **<insert M+CO name>** will stop participating in Medicare managed care at the end of 2000. If you are a current member, you may remain enrolled until December 31, 2000. If you are not a current member, you may not enroll in this plan, because effective with this notice we have closed enrollment.

For help and information about Medicare issues, we suggest you call **<insert M+CO telephone number and TTY number with operating hours>**. For additional information, please call the Medicare Choices Helpline at 1-800-633-4227, or the _____ State Health Insurance Assistance Program (SHIP) on 1-800-XXX-XXXX/ TTY 1-800-XXX_XXXX with operating hours.